

# Lake Michigan Regional CHP Workshop

November 10, 1999 University of Chicago-Gleacher Center Chicago, Illinois

## Registration Form

Name \_\_\_\_\_ First Name for Tag \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Day Telephone ( \_\_\_\_ ) \_\_\_\_\_ Eve. Telephone ( \_\_\_\_ ) \_\_\_\_\_

☐

Please check here if you require assistance. We will contact you to discuss your needs.

☐

Vegetarian

☐

I am interested in attending the Roadmapping session on November 11 from 8 a.m. to 5 p.m. at the Gas Research Institute.

Spaces are limited, we will contact you regarding participation in this session.

**Registration Fee: \$50.00**

### Payment Method:

☐ Check/PO (made payable to Energetics) Total Fee Enclosed: \$ \_\_\_\_\_ .

☐  Account Number: \_\_\_\_\_

☐  Expiration Date: ☐ ☐ - ☐ ☐

☐  Print name (as it appears on card): \_\_\_\_\_

☐  Cardholder's Signature: \_\_\_\_\_ Amount: \_\_\_\_\_

**Please return completed form  
and fee, by October 25, 1999, to:**

### Conference Services

Energetics, Incorporated  
7164 Gateway Drive  
Columbia, MD 21046

Phone: (410) 290-0370

Fax: (301) 621-3329

#### For Internal Use Only

Received \_\_\_\_\_ Entered \_\_\_\_\_

Multiple for: \_\_\_\_\_

Confirmation Letter \_\_\_\_\_ Ck# \_\_\_\_\_ p/c \_\_\_\_\_

Refund \_\_\_\_\_ Amt. Rd. \_\_\_\_\_

PO# \_\_\_\_\_ Auth# \_\_\_\_\_ Date \_\_\_\_\_

Refunds less \$25 processing fee per registrant will be granted if requests are received in writing at Energetics, Inc., and postmarked or faxed [(410) 423-2193] by November 1, 1999. Substitutions can be made by calling Conference Services at (410) 290-0370.